

Asian Pacific American Officers Committee (APAOC) Membership Application Form

Members are encouraged to fill out the survey and update their profile, as necessary. Information is time stamped so the latest update will be kept and previous entries will be deleted. If you know of a member who has retired please let us know. Sharing your name is voluntarily, the sheet is designed to be only used and shared with members that are listed.

Disclaimer: The APAOC Membership Sheet is for internal committee purposes only. However, please be advised that the APAOC Membership Sheet may be disseminated beyond members on our listserv.

*** Required**

First Name *

Last Name *

EMPID *

Agency *

Example: IHS, HRSA, FDA, DHS, CDC, BOP, NPS, etc.

Rank or Civilian *

Current Membership Status *

Active Duty or Civil Service Status *

Professional Category *

Email *

Alternate Email

City *

Example: San Diego

State or Country *

Phone Number *

Example: 514-815-0829 X1234

Are you interested in assisting with APAOC events in your area?

In what type of capacity would you like to assist APAOC?

If your choice is not listed here, please contact any current APAOC Voting Member.

Do you want to participate in the APAOC Mentorship Program?

Can APAOC use your photos of yourself on APAOC related media? *

Are you already subscribed to the APAOC listserv?